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Notice of Independent Review Decision
Amended and Sent on 4/16/2015

DATE OF REVIEW: 4/14/2015

Date of Amended Decision: 4/16/2015

IRO CASE #

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Functional Restoration Program 80 units/hours.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

M.D. Board Certified in Occupational Medicine and Urgent Care Medicine.

REVIEW OUTCOME

PATIENT CLINICAL HISTORY [SUMMARY]:

The male applicant is an employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of xx/xx/xx. In a Utilization Review Report dated February 19, 2015, the claims administrator denied a request for 80-hour functional restoration program.

The applicant and/or treating provider appealed further. The appeal was upheld in a subsequent Utilization Review Report dated March 24, 2015. The treating provider and/or applicant appealed further. In a psychological consult note dated March 6, 2015, the applicant's psychologist stated that the applicant had issues performing some of his former job tasks as an xxxxxx, which reportedly fell within the medium-heavy physical demand level (PDL). It was stated that the applicant did not have a job to return to. It was stated that the applicant had been terminated by his former employer, was unable to work a full eight-hour workday, and needed some sort of vocational retraining. The treating provider posited that the vocational retraining could be effected through the functional restoration program at issue. The applicant had superimposed low-grade psychological issues, it was incidentally noted, with associated Global Assessment of Functioning (GAF) of 66. It was stated that the applicant did have depressive issues.

In a separate progress note dated February 16, 2015, the applicant was described as having had six sessions of psychotherapy, three spinal injections, eighteen sessions of physical therapy, and a lumbar support. The applicant also appeared to have had unspecified amounts of chiropractic manipulative therapy. The applicant's work status was not clearly detailed.

ANALYSIS FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION AND EXPLANATION OF THE DECISION. INCLUDE CLINICAL BASIS.

Per ODG references, the requested "functional restoration program 80 units/ hours" are not medically necessary. As noted in ODG's Chronic Pain Chapter Chronic Pain Programs topic, one of the cardinal criteria for pursuit of multidisciplinary pain management program is evidence that previous methods of treating chronic pain have proven unsuccessful and there is an absence of other options likely to result in significant clinical improvement. Here, it does not appear that the applicant has in fact exhausted all other options likely to result in significant clinical improvement. The attending provider has acknowledged that one of the applicant's primary concerns is his depressive issues. However, the applicant's depression appears to have been minimally treated from a mental health standpoint with six sessions of psychotherapy at an unspecified point in time. It did not appear that psychotropic medications were employed. It did not appear that the applicant had consulted a psychiatrist. Another criterion for pursuit



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of a chronic pain program, per ODG, is evidence that the applicant is motivated to change and/or is willing to forego secondary gains, including disability benefits and/or indemnity benefits, in an effort to try and improve. Here, contrary to what was stated by the treating provider, it does not appear that the applicant is intent on returning to work. The applicant has apparently not worked in approximately one and a half years, the treating provider has acknowledged, at age 29. It does not appear that the applicant has made a bona fide effort to return to workplace and/or workforce, contrary to what was stated by the attending provider. The applicant's statement to the effect that he had only attended two job interviews since being terminated by his former employer over a span of a year and a half does suggest that the applicant is not particularly intent on minimizing secondary gains, including disability and/or indemnity benefits, in an effort to try and improve. Therefore, the request is not medically necessary.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR
OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ☐ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ☐ INTERQUAL CRITERIA
- ☐ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- ☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES